# Post Deployment Health Reassessment Overview

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# PDHRA Mission

- OSD(HA) March 2005
  - Remove Barriers to Care for Those Returning From Deployment
  - Identify Emerging Health Concerns Related to Deployment

Headlines:

- *Veterans Report Mental Distress; About a Third Returning From Iraq Seek Help*

  Washington Post, March 1, 2006
- *Mental Health Problems, Use of Mental Health Services, and Attrition From Military Ser vice After Returning From Deployment to Iraq or Afghanistan*

  JAMA, Feb 28, 2006

# Why we do it

- Mental Health issues for units/IAs
- Mental Health as a prev med/occ health issue – force multiplier
- Support to strategic initiatives – behavioral health support to HA/DR
- *Prediction of demand will allow appropriate resource allocation and availability of preventive services*.

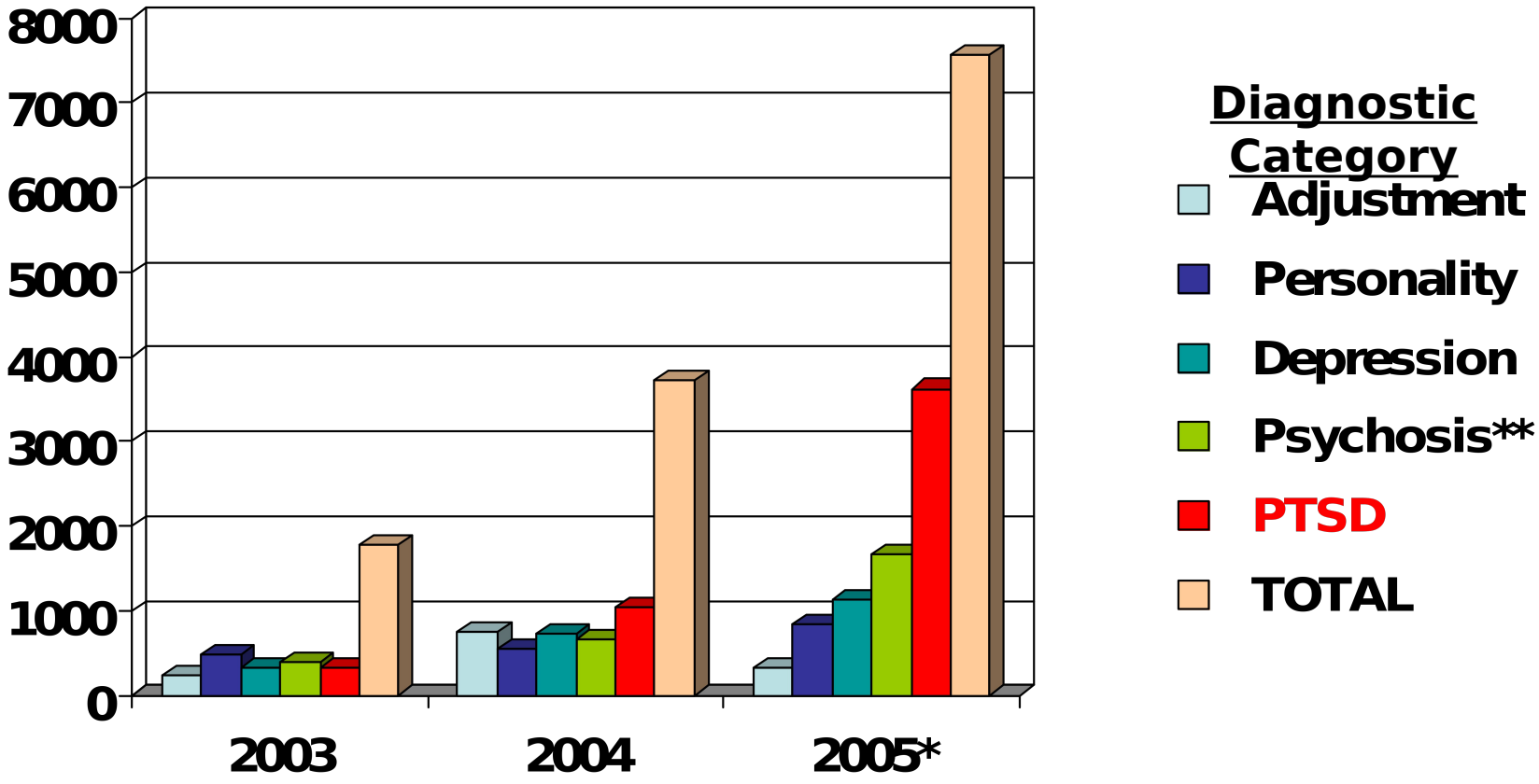
# Stress, Mental Illness, and the PDHRA

John Kennedy
CDR, MC, USN
Navy Medicine

# An Epidemic

- USS COLE (unpublished)
  - Onboard survey:  40% of crew actively symptomatic
  - 3 months later:  60% screen positive for PTSD
- OIF I
  - July 2004:  New England Journal of Medicine
    - 15% of Marines back from deployment meet screening criteria for depression, generalized anxiety, and/or PTSD
    - Twice the rate of a non-deployed control group
  - March 2006:  Journal of the American Medical Assn
    - 30% visited mental health in 12-months after return
    - 12% diagnosed with an Axis I Mental Health Condition

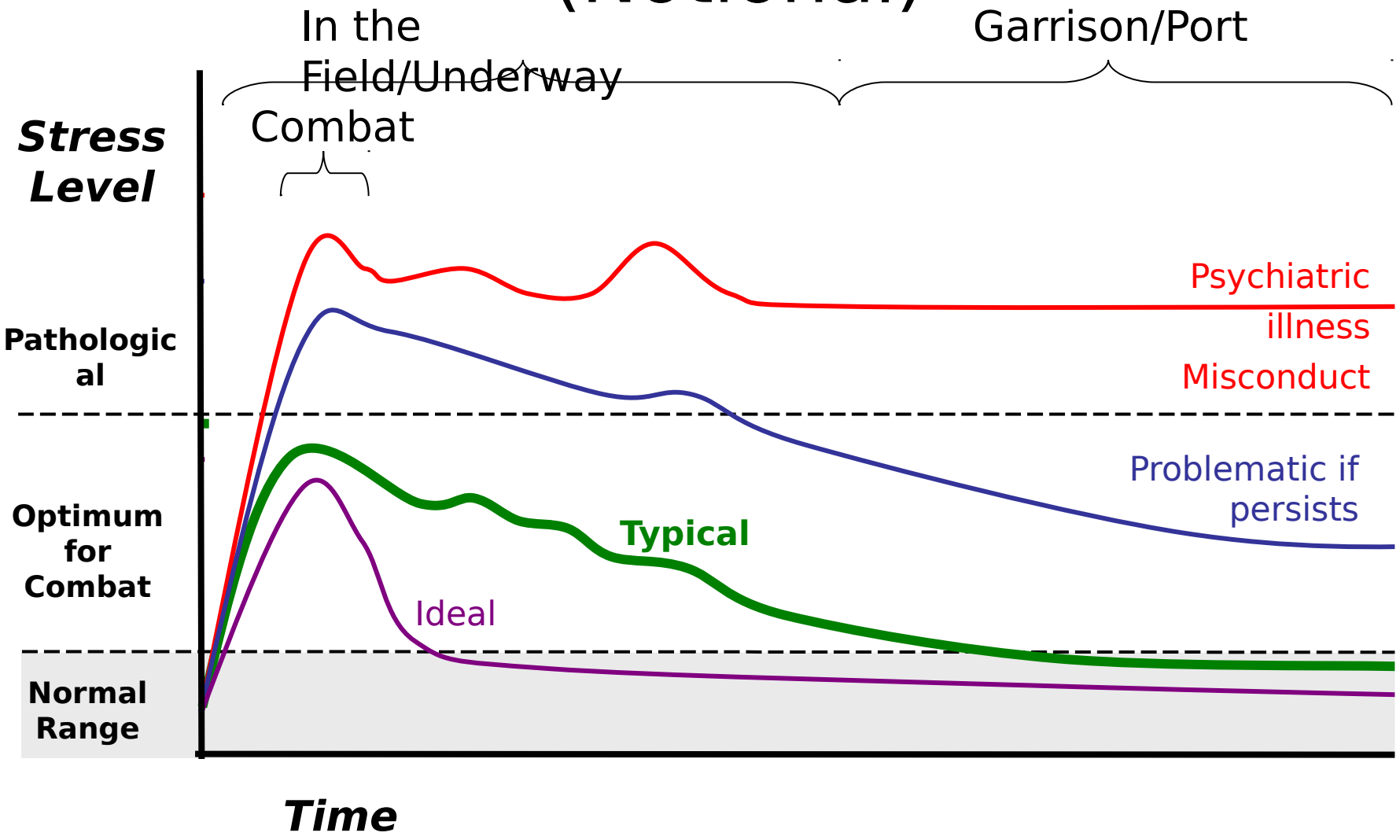
# Active Duty Mental Health Visits at NH Camp Pendleton




* Projected, based on first nine months of data

** Includes Bipolar Disorder

# Stress Patterns Amongst Expeditionary Warfighters (Notional)



# Solutions

- Primary Prevention
  - Stress inoculation
  - Information briefings
- Secondary Prevention:  early interventions woven into the fabric of the conflict
  - Close in time and location
  - Organized and led by warfighters themselves
  - Support (and intervention as needed) by medical, chaplains, mental health providers
- Tertiary Prevention
  - In theater
  - Back home

# Intervention Can Make A Difference

- In the immediate milieu
- In the public sphere
- In the long term

# PDHRA Implementation: USMC

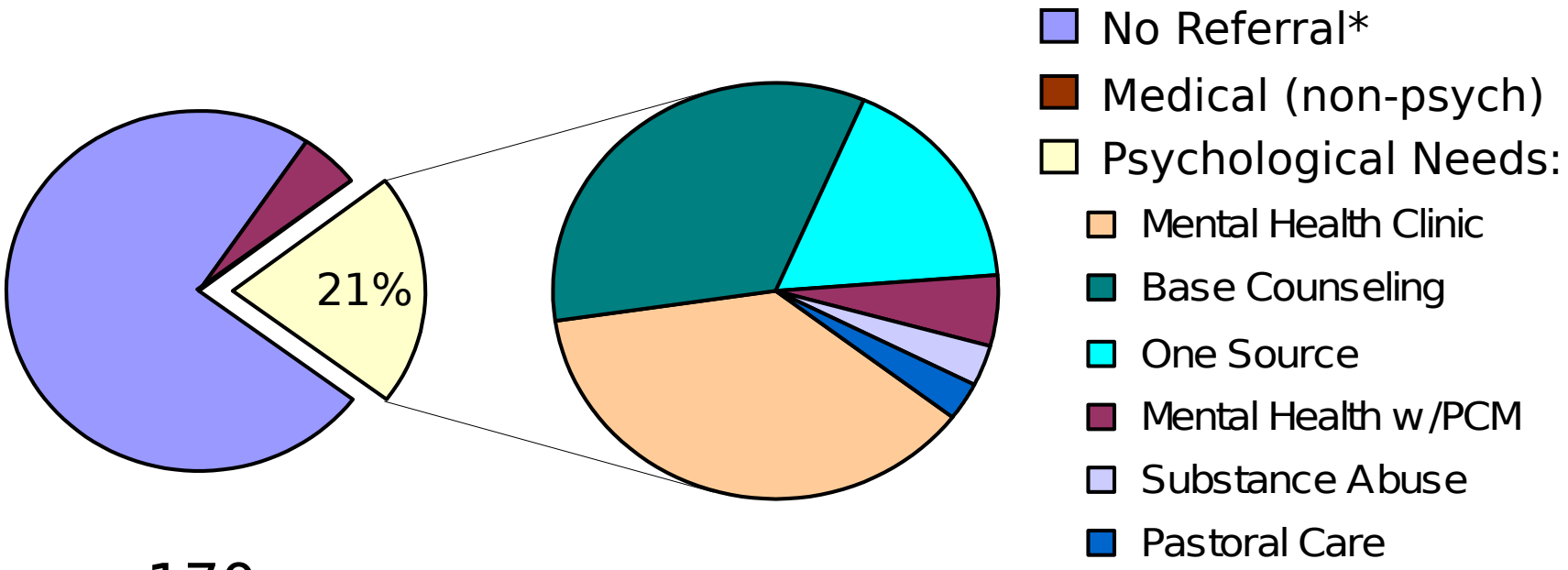
- Training for Clinicians and Marines

- Unit identifies personnel requiring screening
  - Near-term:  ODSE query of MCTFS looking for receipt of imminent danger pay
  - Longer term:  query of MRRS

# PDHRA Implementation: USMC

- Unit conducts screening using NEHC processes
  - Scannable “bubble sheet”
  - MS Access tool populating local database
  - Online tool
- File in chart either bubble sheet or printout of electronic form
- Confirm completion
  - Near-term:  NEHC refreshes MCTFS
  - Longer term:  update MRRS
- Quality assurance using ODSE query of MCTFS

# PDHRA Pilot, I MEF, Sep 05




170 screened

*Assumes one referral per patient

# Eligibility

- Troop Movement Resulting from JCS/Combat Command Deployment Order
- Land Based Operations for 30 Days OCONUS
- OIF/OEF Surface  Ships for 30 Days
- AC/RC Called to Active Duty for 30 Days in Support of a Named Contingency Without Fixed MTF
- All Other Deployments/Exercises, As Directed by the Commanding Officer or Combatant Commander

# Target Population

- Deployed Since 11 Sept 2001
- Navy and Marines Active Duty/Reserves
- 90 to 180 Days Following Return to CONUS
- FY06 Screening Target from HA:
  - 150,000 Screenings to include
    - 100% of the USMC Requirement for FY06 and 100% Backlog
    - 100% USN Requirement for FY06 and 50% Backlog
  - Anticipate ~12% Referral Rate

# Core Assumptions

- Commanders' Program
- Medical Support
- Priority: Provide Opportunity for Screening
  - BSOs: 18, 27, 60, 70
- MTF's to Provide
  - Screening
  - Referral/Evaluation Treatment

# Challenges

- **Line Buy-In**
  - Administrative:  NAV/MARADMIN
  - Conceptually: Perceived As Redundant
  - Eligibility: CDRs Discretion
- **Technology Line Buy-In**
  - Requirements: Local Admins, Training Curve, Individual Accounts (Online) and Equipment
  - Seamless Electronic Platform:

    NKO (April 06: Single Sign On, IDC, MTF Ref)

# Screening Overview

- NEHC: The System Developer and Database Manager (Online, Access DB, and Scantron)
  - Service Member Section (Complete/Store)
  - Provider Section (Pull data, Complete/Store)
  - Reporting (Completion and Referrals)
  - Central Data Repository (AMSA)

# Web-Based Screening

- NEHC Manages the Web-Based Tool and Help Desk
- Service Member's Portion Stored in the EPDHA Database
- Providers Access the Service Member's Web Based Assessment and Certify
- Results Forwarded to Central Data Repository by NEHC
  - As of today, data dictionary for transfer of NEHC data being built, interface expected in approx 2 weeks.

# Data Stream: Essential Elements

**Phase One: Population**

MCTFS

PERS462

Local Data Sources

**Phase Two: Capture**

NEHC

Service Member/ Clinic

**Phase Three: Export**

MRRS

CDR

AMSA

# For FY06 Requirement:

## Commanders Direct SMs to Participate

- **Active Component**
  - Commander informs SM of requirement
  - Local sites ID clinical mechanism with MTFs (MEDRED or PC Clinics)
  - Commander appoints a local administrator (NEHC)
  - SM completes DD2900
  - Provider completes their section of the DD2900
  - Referral (MTF, OneSource, Chaplain, other…)
  - Metrics (Clinic Coding)
  - QA:  compliance metrics
    - Reported weekly via BUMED to HA

- **Reserve Component**
  - Unit Commander informs SM of requirement
  - Unit Commander appoints local administrator (NEHC)
  - Unit Commander elects FOH Site Visit or Phone Center Model
  - FOH contacts SM or  SM attends FOH site visit
  - SM and provider complete DD2900
  - Referral (MMSO, VA, MTF, other)
  - Metrics (NEHC Query)

# Initial PDHRA Completion
## ow many have completed it already

**Completed Data in DMSS**

- Army
  - Active Duty: 8,715
  - Army Reserve: 230
  - Army National Guard: 943
- Air Force
  - Active Duty: 49
  - AFRC: 0
  - Air National Guard: 0
- Marines
  - Active Duty: 15
  - Reserve: 1
- Navy
  - Active Duty: 6
  - Reserve: 15
- The real story:
  - Approx 5K USN/USMC

  completed PDHRAs

# Initial Implementation Analysis

| | Army AD* | Army Reserve | National Guard |
|---|---|---|---|
| **Total in DMSS** | **8715 (100%)** | **230 (100%)** | **943 (100%)** |
| **>1 Phys Sx** | **3358 (38.5%)** | **91 (39.5%)** | **432 (45.8%)** |
| **>1 MH Sx** | **1201 (13.8%)** | **22 (9.6%)** | **164 (17.4%)** |
| **MTF/division Ref** | **2113 (24.2%)** | **5 (2.2%)** | **12 (1%)** |
| **TRICARE, Com, CTR** | **52 (0.6%)** | **6 (2.6%)** | **14 (1.2%)** |
| **Refer to VA (referrals, not individuals)** | **19 (0.2%)** | **73 (31.7%)** | **452 (47.9%)** |
| **Refer to Vet Center (referrals, not individuals)** | **5 (0.06%)** | **42 (18.2%)** | **314 (33.3%)** |

# The Future (Near term)

- Single sign-on - near
  - NKO/MOL
  - AHLTA Build 841
    (April/May) will include limited PDHRA web link, phase in to CDR-DMSS interface
  - DMSS/NEHC feed

| | |
|---|---|
| Template Management | Ability to create SO templates when not in an encounter, improved management, and ability to track usage. |
| **OB Summary*** | OB flowsheet, summary screen, and SF 533 (based on TAMC work) |
| Dental Workflow Optimization | Significant revisions to Dental functionality based on user feedback from Operational Test. |
| **PDHRA Phase I*** | Integrates PDHRA access into AHLTA - web link initially (phased approach to full integration including CDR-DMSS interface) |
| IMM Bi-directional Interface Phase 2 | Bidirectional interface to Service immunizations systems; (MEDPROS for Army) |
| CHDR Phase 2 Release 2 | Expands CHDR capability to include laboratory and other data. |

* **AMEDD lead**

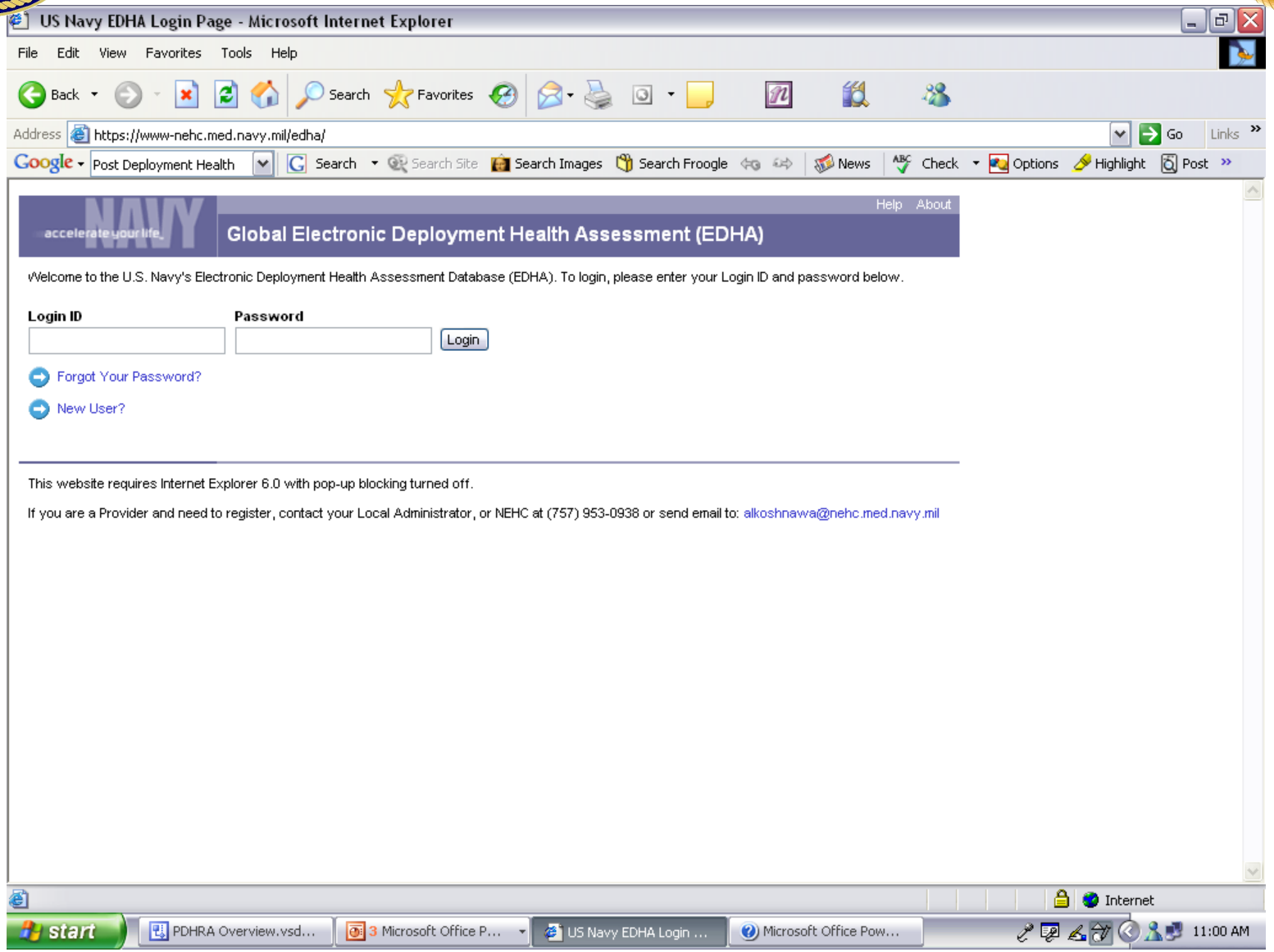
# CDR D. COUTURE

REAL TIME EXPERIENCES

TWO DAY CB SCREEN

MAR 06

# Web-Based Tool (3-in-1)


US Navy EDHA Login Page - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://www-nehc.med.navy.mil/edha/
Go Links
Google Post Deployment Health
Search Search Site Search Images Search Froogle News Check Options Highlight Post
Help About
accelerate your life.
Global Electronic Deployment Health Assessment (EDHA)
Welcome to the U.S. Navy's Electronic Deployment Health Assessment Database (EDHA). To login, please enter your Login ID and password below.
Login ID
Password
Login
Forgot Your Password?
New User?
This website requires Internet Explorer 6.0 with pop-up blocking turned off.
If you are a Provider and need to register, contact your Local Administrator, or NEHC at (757) 953-0938 or send email to: alkoshnawa@nehc.med.navy.mil
Internet
start
PDHRA Overview.vsd...
3 Microsoft Office P...
US Navy EDHA Login ...
Microsoft Office Pow...
11:00 AM

Help About

# Global Electronic Deployment Health Assessment (EDHA)

Welcome to the U.S. Navy's Electronic Deployment Health Assessment Database (EDHA). To login, please enter your Login ID and password below.

**Login ID** **Password**

Login

Forgot Your Password?

New User?

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This website requires Internet Explorer 6.0 with pop-up blocking turned off.

If you are a Provider and need to register, contact your Local Administrator, or NEHC at (757) 953-0938 or send email to: alkoshnawa@nehc.med.navy.mil

Help About

# EDHA :: Enter a Passphrase

**Instructions:** Enter a valid Passphrase to register with the EDHA Database. Remember the Passphrase is case sensitive. You may get a valid Passphrase from your Local Administrator.

**Passphrase:**

---

Submit Cancel

Address https://www4.nehc.med.navy.mil/edha/NewUser_main.aspx

accelerate your life_

Help About

# EDHA :: New User Registration

**Instructions:** Please fill in the following information into register with the EDHA Database. Please note that all information is required.

## Social Security Number (Login ID)

Enter your Social Security Number (no dashes). Please note that this will be your Login ID.

**SSN:**

## Password

Make sure your Password contains 8-12 characters, including: a number(s), upper case alpha character(s), lower case alpha character(s) and a non-alpha character (!, @, &, etc.). Spaces are not allowed.

**Password:**

**Confirm Password:**

## Reset Password Reminder Question and Answer

Choose a question you will be able to answer in the event you forget your password:

**Question:** Your Mother's maiden name

**Answer:**

## Default Profile

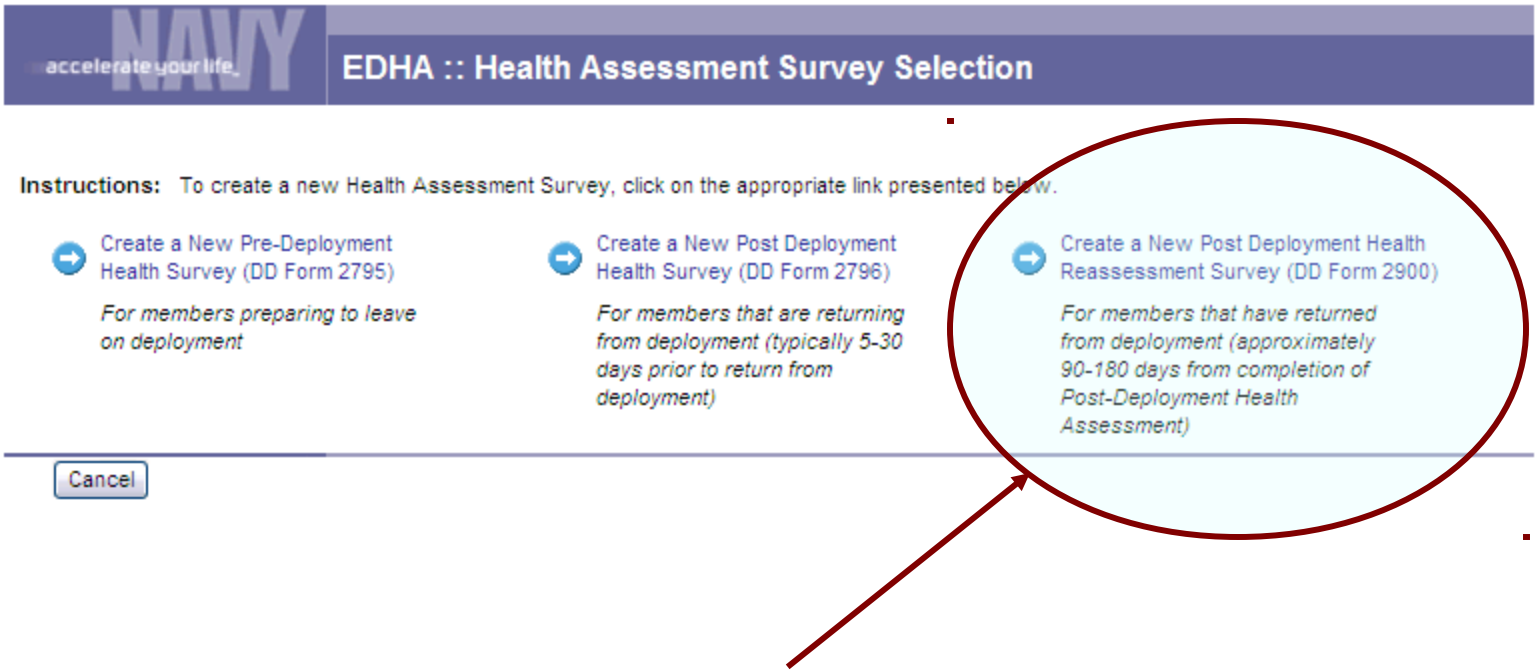
Enter your default profile information. All fields are required.

**Last Name:** **First Name:** **MI:**

**DOB (mm/dd/yyyy):**

**Gender:** **Service Branch:** **Component:** **Pay Grade:**

Male Female Air Force


accelerate your life.
NAVY
EDHA :: Health Assessment Survey Selection
Instructions: To create a new Health Assessment Survey, click on the appropriate link presented below.
Create a New Pre-Deployment Health Survey (DD Form 2795)
For members preparing to leave on deployment
Create a New Post Deployment Health Survey (DD Form 2796)
For members that are returning from deployment (typically 5-30 days prior to return from deployment)
Create a New Post Deployment Health Reassessment Survey (DD Form 2900)
For members that have returned from deployment (approximately 90-180 days from completion of Post-Deployment Health Assessment)
Cancel

# POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)

**Authority:** 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 AND E.O. 9397

**Principal Purpose:** To assess your state of health after deployment in support of military operations and to assist military healthcare providers, including behavioral health providers, in identifying present and future medical care needs you may have. The information you provide may result in a referral for additional healthcare that may include behavioral healthcare.

**Routine Use:** To other Federal and State agencies and civilian healthcare providers as necessary in order to provide necessary medical care and treatment. Responses may be used to guide possible referrals.

**Disclosure:** Disclosure is voluntary.

**INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.**

## Demographics

Last Name *

Today's Date (mm/dd/yyyy)
3/10/2006

First Name * John

MI S

UIC/RUC:

DOB (mm/dd/yyyy)
10/1/1979

Date arrived theater(mm/yyyy) / 

Date departed theater (mm/yyyy) / 

Social Security Number
741852963

Gender *
- (•) Male
- ( ) Female

Service Branch *
- ( ) Air Force
- ( ) Army
- ( ) Coast Guard
- (•) Marine Corps
- ( ) Navy

Status Prior to Deployment *
- ( ) Active Duty
- ( ) Selected Reserves - Reserve - Unit
- ( ) Selected Reserves - Reserve - AGR
- ( ) Selected Reserves - Reserve - IMA
- ( ) Selected Reserves - National Guard - Unit

Pay Grade *

| | | |
|---|---|---|
| ( ) E1 | ( ) O1 | ( ) W1 |
| ( ) E2 | ( ) O2 | ( ) W2 |
| ( ) E3 | (•) O3 | ( ) W3 |
| ( ) E4 | ( ) O4 | ( ) W4 |
| ( ) E5 | ( ) O5 | ( ) W5 |

Marital Status *
- ( ) Never Married

- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Other

- ○ Selected Reserves - National Guard - AGR
- ○ Ready Reserves - IRR
- ○ Ready Reserves - ING
- ○ Civilian Government Employee
- ○ Other

- ○ E6
- ○ E7
- ○ E8
- ○ E9
- ○ O6
- ○ O7
- ○ O8
- ○ O9
- ○ O10
- ○ Other

**Location of Operation** *

- ☐ Iraq
- ☐ Afghanistan
- ☐ Kuwait
- ☐ Qatar
- ☐ Bosnia/Kosovo
- ☐ SW Asia - Other
- ☐ Africa
- ☐ South America
- ☐ North America
- ☐ Australia
- ☐ Europe
- ☐ On a Ship
- ☐ Other

**Since return from deployment I have:** *

- ○ Maintained/returned to previous status
- ○ Transitioned to Selected Reserves:
- ○ Transitioned to Ready Reserves:
- ○ Retired from Military Service
- ○ Separated from Military Service

**Current Contact Information:** *

Phone:
Cell:
DSN:
Email:
Address 1:
Address 2:
City:
State:
Country:
Zip:

**Total Deployments in Past 5 Years:** *

| OIF | OEF | Other |
|---|---|---|
| ○ 0 | ○ 0 | ○ 0 |
| ○ 1 | ○ 1 | ○ 1 |
| ○ 2 | ○ 2 | ○ 2 |
| ○ 3 | ○ 3 | ○ 3 |
| ○ 4 | ○ 4 | ○ 4 |
| ○ 5 or more | ○ 5 or more | ○ 5 or more |

**Current Unit of Assignment**

**Current Assignment Location**

**Point of Contact who can always reach you:** *

First Name:
Last Name:
Phone:
Email:
Address 1:
Address 2:
City:
State:
Country:
Zip:

1. Overall, how would you rate your health during the PAST MONTH?

   ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

2. Compared to before your most recent deployment, how would you rate your health in general now?

   ○ Much better now than before I deployed

   ○ Somewhat better now than before I deployed

   ○ About the same as before I deployed

   ○ Somewhat worse now than before I deployed

   ○ Much worse now than before I deployed

3. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?

   ○ No visits ○ 1 visit ○ 2-3 visits ○ 4-5 visits ○ Over 6 visits

4. Since you returned from deployment, have you been hospitalized? ○ Yes ○ No

5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? ○ Yes ○ No
   **If NO, skip to Question 6.**

   5a. **IF YES,** are you still having problems related to this wound, assault, or injury? ○ Yes ○ No ○ Unsure

6. Other than wounds or injuries, do you currently have a health concern or condition that you feel is related to your deployment? ○ Yes ○ No ○ Unsure
   **If NO, skip to Question 7.**

   6a. **IF YES,** please mark the item(s) that best describe your deployment-related condition or concern:

   ☐ Chronic cough ☐ Redness of eyes with tearing

   ☐ Runny nose ☐ Dimming of vision, like the lights were going out

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**If NO, skip to Question 7.**

6a. **IF YES,** please mark the item(s) that best describe your deployment-related condition or concern:

- ☐ Chronic cough
- ☐ Runny nose
- ☐ Fever
- ☐ Weakness
- ☐ Headaches
- ☐ Swollen, stiff or painful joints
- ☐ Back pain
- ☐ Muscle aches
- ☐ Numbness or tingling in hands or feet
- ☐ Skin diseases or rashes
- ☐ Ringing of the ears
- ☐ Redness of eyes with tearing
- ☐ Dimming of vision, like the lights were going out
- ☐ Chest pain or pressure
- ☐ Dizziness, fainting, light headedness
- ☐ Difficulty breathing
- ☐ Diarrhea, vomiting, or frequent indigestion
- ☐ Problems sleeping or still feeling tired after sleeping
- ☐ Difficulty remembering
- ☐ Increased irritability
- ☐ Taking more risks such as driving faster
- ☐ Other: _____

7. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? ○ Yes ○ No
**If NO, skip to Question 8.**

7a. **IF YES,** please mark the item(s) that best describe your concern:

- ☐ DEET insect repellent applied to skin
- ☐ Pesticide-treated uniforms
- ☐ Environmental pesticides (like area fogging)
- ☐ Flea or tick collars
- ☐ Pesticide strips
- ☐ Smoke from oil fire
- ☐ Smoke from burning trash or feces
- ☐ Paints
- ☐ Radiation
- ☐ Radar/microwaves
- ☐ Lasers
- ☐ Loud noises
- ☐ Excessive vibration
- ☐ Industrial pollution

- [ ] Headaches
- [ ] Swollen, stiff or painful joints
- [ ] Back pain
- [ ] Muscle aches
- [ ] Numbness or tingling in hands or feet
- [ ] Skin diseases or rashes
- [ ] Ringing of the ears
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- [ ] Pesticide strips
- [ ] Smoke from oil fire
- [ ] Smoke from burning trash or feces
- [ ] Vehicle or truck exhaust fumes
- [ ] Tent heater smoke
- [ ] JP8 or other fuels
- [ ] Fog oils (smoke screen)
- [ ] Solvents
- [ ] Paints
- [ ] Radiation
- [ ] Radar/microwaves
- [ ] Lasers
- [ ] Loud noises
- [ ] Excessive vibration
- [ ] Industrial pollution
- [ ] Sand/dust
- [ ] Blast or motor vehicle accident
- [ ] Depleted Uranium (If yes, explain):
- [ ] Other:

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? ○ Yes ○ No ○ Unsure

9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you....

   a. Have had any nightmares about it or thought about it when you did not want to ○ Yes ○ No

   b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it ○ Yes ○ No

   c. Were constantly on guard, watchful, or easily startled ○ Yes ○ No

   d. Felt numb or detached from others, activities, or your surroundings ○ Yes ○ No

10. a. In the PAST MONTH, did you use alcohol more than you meant to? ○ Yes ○ No

    b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? ○ Yes ○ No

11. Over the PAST MONTH, have you been bothered by the following problems?

| | Not at all | Few or several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| a. Little interest or pleasure in doing things | ○ | ○ | ○ | ○ |
| b. Feeling down, depressed, or hopeless | ○ | ○ | ○ | ○ |

12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do you work, take care of things at home, or get along with other people?

    ○ Not difficult at all ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

13. Would you like to schedule a visit with a healthcare provider to further discuss your health concerns(s)? ○ Yes ○ No

14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? ○ Yes ○ No

15. Are you currently interested in receiving assistance for a family or relationship concern? ○ Yes ○ No

# Post-Deployment Health Reassessment (PDHRA)
# DD Form 2900, JUN 2005

Use a No. 2 Pencil, Blue or Black Ink Only

Correct Mark: ○ ● ○

| Today's Date | | | | |
|---|---|---|---|---|
| Month | | Day | | Year |
| | | | | |
| 0 0 | | 0 0 | | 05 |
| 1 1 | | 1 1 | | 06 |
| 2 | | 2 2 | | 07 |
| 3 | | 3 3 | | 08 |
| 4 | | 4 | | 09 |
| 5 | | 5 | | 10 |
| 6 | | 6 | | |
| 7 | | 7 | | |
| 8 | | 8 | | |
| 9 | | 9 | | |

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**Instructions: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.**

Last Name

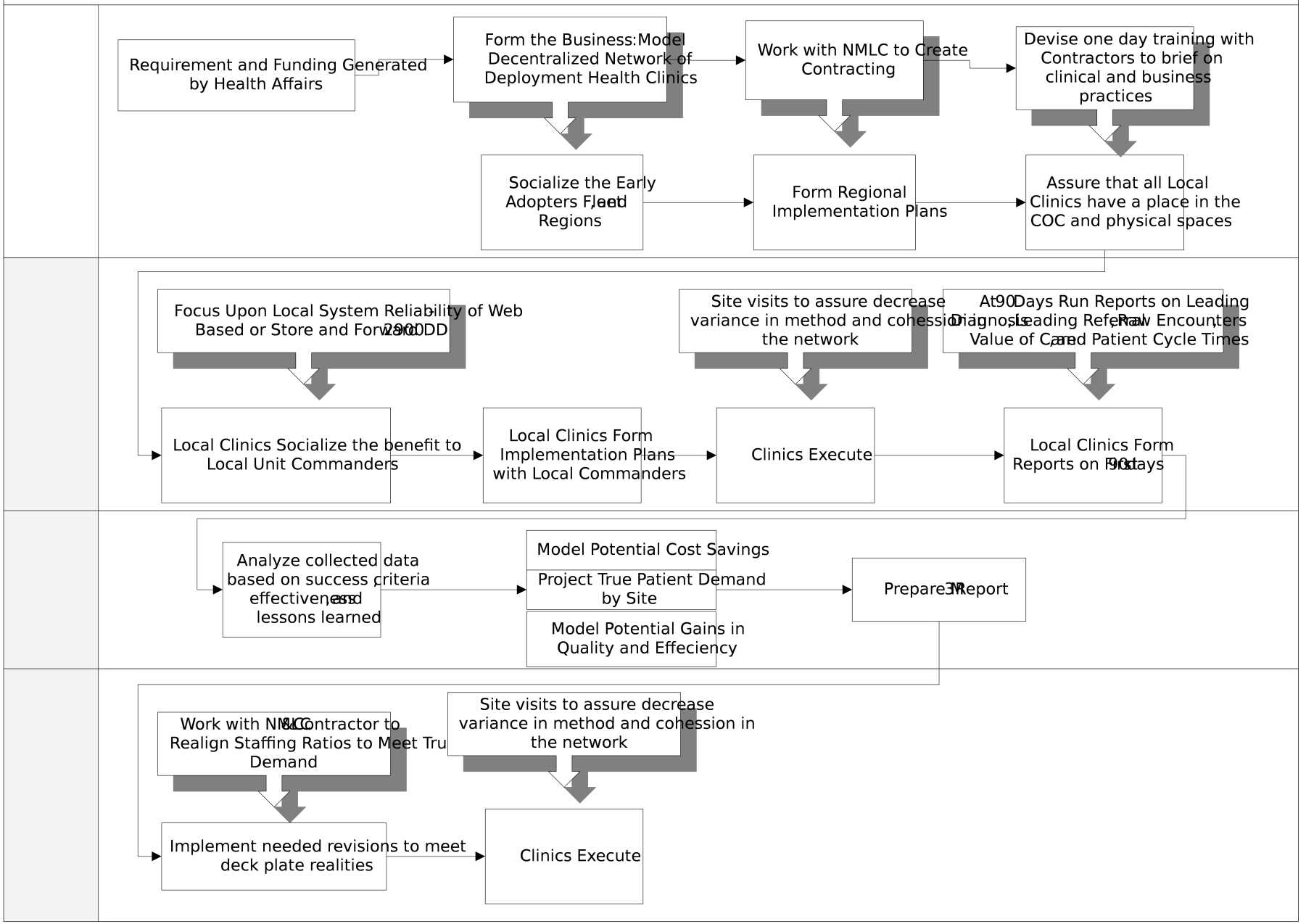
First Name

| Social Security # | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | - | | - | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| Date of Birth | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Month | | Day | | Year | | | | |
| | | | | 1 | 9 | | | |
| 0 | 0 | 0 | 0 | | | 0 | 0 | |
| 1 | 1 | 1 | 1 | ● | | 1 | 1 | |
| | 2 | 2 | 2 | | | 2 | 2 | |
| | 3 | 3 | 3 | | | 3 | 3 | |
| | 4 | | 4 | | | 4 | 4 | |
| | 5 | | 5 | | | 5 | 5 | |
| | 6 | | 6 | | | 6 | 6 | |
| | 7 | | 7 | | | 7 | 7 | |

# Post Deployment Health-Assessment Guide Program Overview

Aim: To Reduce Barriers to Care for Service Members Returning from Deployment and Identify Emerging Illness Related to


Requirement and Funding Generated by Health Affairs
Form the Business: Model Decentralized Network of Deployment Health Clinics
Work with NMLC to Create Contracting
Devise one day training with Contractors to brief on clinical and business practices
Socialize the Early Adopters Fleet and Regions
Form Regional Implementation Plans
Assure that all Local Clinics have a place in the COC and physical spaces
Focus Upon Local System Reliability of Web Based or Store and Forward
Site visits to assure decrease variance in method and cohession in the network
At 90 Days Run Reports on Leading Diagnosis, Leading Referral, Raw Encounters, Value of Care and Patient Cycle Times
Local Clinics Socialize the benefit to Local Unit Commanders
Local Clinics Form Implementation Plans with Local Commanders
Clinics Execute
Local Clinics Form Reports on Post 90 Days
Analyze collected data based on success criteria effectiveness and lessons learned
Model Potential Cost Savings
Project True Patient Demand by Site
Model Potential Gains in Quality and Effeciency
Prepare 3R Report
Work with NMLC Contractor to Realign Staffing Ratios to Meet True Demand
Site visits to assure decrease variance in method and cohession in the network
Implement needed revisions to meet deck plate realities
Clinics Execute

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